

**Exhibit 1 to A.A.C. R9-25-503, As Amended Effective September 1, 2005**

**Exhibit 1. EMT-P and Qualified EMT-I Drug List; EMT-I Drug List; EMT-B Drug List**  
**EMT-P AND QUALIFIED EMT-I DRUG LIST**

<b>AGENT</b>	<b>MINIMUM SUPPLY</b>
ADENOSINE	30 mg
ALBUTEROL SULFATE * (sulfite free)	10 mg
AMIODARONE (optional)	300 mg
ASPIRIN	324 mg
ATROPINE SULFATE	4 prefilled syringes, total of 4 mg 8 mg multidose vial (1)
CALCIUM CHLORIDE	1 g
CHARCOAL, ACTIVATED (without sorbitol)	50 g
DEXAMETHASONE (optional)	8 mg
DEXTROSE	50 g
DIAZEPAM	20 mg
DIAZEPAM RECTAL DELIVERY GEL (optional)	20 mg
DIPHENHYDRAMINE HCl	50 mg
DILTIAZEM (optional)	25 mg
DOPAMINE HCl	400 mg

EPINEPHRINE HCl, 1:1,000 solution	2 mg 30 mg multidose vial (1)
EPINEPHRINE HCl, 1:10,000 solution	6 mg
ETOMIDATE (optional)	80 mg
FUROSEMIDE or If FUROSEMIDE is not available, BUMETANIDE	100 mg  4 mg
GLUCAGON	2 mg
IPRATROPIUM BROMIDE * 0.02%	5 mL
LIDOCAINE HCl IV	3 prefilled syringes, total of 300 mg 1 g vials or premixed infusion, total of 2 g
MAGNESIUM SULFATE	5 g
METHYLPREDNISOLONE SODIUM SUCCINATE	250 mg
MIDAZOLAM (Versed®) (optional)	10 mg
MORPHINE SULFATE	20 mg
NALMEFENE HCl (optional)	4 mg
NALOXONE HCl	10 mg
NITROGLYCERIN TABLETS or NITROGLYCERIN SUBLINGUAL SPRAY	1 bottle  1 bottle
OXYTOCIN (optional)	10 units

PHENYLEPHRINE NASAL SPRAY 0.5%	1 bottle
SODIUM BICARBONATE 8.4%	100 mEq
SUCCINYLCHOLINE (optional)	400 mg
THIAMINE HCl	100 mg
VASOPRESSIN (optional)	40 units
VERAPAMIL HCl	10 mg
NITROUS OXIDE (optional)	Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O <sub>2</sub> fail-safe device and self- administration mask, 1 setup
SYRINGES	1 mL tuberculin (2) 3 mL (4) 10-12 mL (4) 20 mL (2) 50-60 mL (2)
FILTER NEEDLES	5 micron (3)
NON-FILTER NEEDLES	assorted sizes
INTRAVENOUS SOLUTIONS: (Bulk restricts inclusion of all fluids in drug box)	
DEXTROSE, 5% in water	250 mL bag (1)
LACTATED RINGER'S	1 L bag (4)
NORMAL SALINE	1 L bag (4) 250 mL bag (3) 50 mL bag (2)

\* Administer by nebulizer

Note: Per Arizona Administrative Code R9-25-803, only appropriate levels of EMT personnel educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this Section) and approved by their base hospital medical director may monitor patients on the listed medications during interfacility transports.

#### EMT-I DRUG LIST

AGENT	MINIMUM SUPPLY
ALBUTEROL SULFATE * (sulfite free)	10 mg
ASPIRIN	324 mg
ATROPINE SULFATE	8 mg multidose vial (1)
CHARCOAL, ACTIVATED (without sorbitol)	50 g
DEXTROSE	50 g
DIAZEPAM	20 mg
DIAZEPAM RECTAL DELIVERY GEL (optional)	20 mg
DIPHENHYDRAMINE HCl	50 mg
EPINEPHRINE HCl, 1:1,000 solution	2 mg
EPINEPHRINE HCl, 1:10,000 solution	6 mg
FUROSEMIDE or If FUROSEMIDE is not available, BUMETANIDE	100 mg  4 mg
GLUCAGON	2 mg
IPRATROPIUM BROMIDE * 0.02%	5 mL
METHYLPREDNISOLONE SODIUM SUCCINATE	250 mg

MIDAZOLAM (Versed®) (optional)	10 mg
MORPHINE SULFATE	20 mg
NALMEFENE HCl (optional)	4 mg
NALOXONE HCl	10 mg
NITROGLYCERIN TABLETS or NITROGLYCERIN SUBLINGUAL SPRAY	1 bottle  1 bottle
OXYTOCIN (optional)	10 units
PHENYLEPHRINE NASAL SPRAY 0.5%	1 bottle
SODIUM BICARBONATE 8.4%	100 mEq
THIAMINE HCl	100 mg
NITROUS OXIDE (optional)	Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O <sub>2</sub> fail-safe device and self- administration mask, 1 setup
SYRINGES	1 mL tuberculin (2) 3 mL (4) 10-12 mL (4) 20 mL (2) 50-60 mL (2)
FILTER NEEDLES	5 micron (3)
NON-FILTER NEEDLES	assorted sizes

<p><b>INTRAVENOUS SOLUTIONS:</b> (Bulk restricts inclusion of all fluids in drug box)</p> <p>DEXTROSE, 5% in water</p> <p>LACTATED RINGER'S</p> <p>NORMAL SALINE</p>	<p>250 mL bag (1)</p> <p>1 L bag (4)</p> <p>1 L bag (4)</p> <p>250 mL bag (3)</p>
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\* Administer by nebulizer

Note: Per Arizona Administrative Code R9-25-803, only appropriate levels of EMT personnel educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this Section) and approved by their base hospital medical director may monitor patients on the listed medications during interfacility transports.

#### **EMT-B DRUG LIST**

<b>AGENT</b>	<b>MINIMUM SUPPLY</b>
ASPIRIN	324 mg
EPINEPHRINE AUTO-INJECTOR	<p>2 adult auto-injectors</p> <p>2 pediatric auto-injectors</p>